



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
CONGRESSIONAL MAJORITY COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		535761.20
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	609573.53									
(c) Total Receipts (from Line 19) .....	79000.00	264000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	688573.53	799761.20								
7. Total Disbursements (from Line 31) .....	106006.78	217194.45								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	582566.75	582566.75								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
CONGRESSIONAL MAJORITY COMMITTEE

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25500.00	83850.00
(i) Itemized (use Schedule A) .....	0.00	150.00
(ii) Unitemized .....	25500.00	84000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	53500.00	180000.00
(c) Other Political Committees (such as PACs) .....	79000.00	264000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	79000.00	264000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	79000.00	264000.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	98906.78	191894.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	98906.78	191894.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	7100.00	25300.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	106006.78	217194.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	106006.78	217194.45

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	79000.00	264000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	79000.00	264000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	98906.78	191894.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	98906.78	191894.45

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CONGRESSIONAL MAJORITY COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ERIC S BERGER**

Mailing Address **103 BARONET WOODS**

City **THE WOODLANDS** State **TX** Zip Code **77382**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DAVITA** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.8225**

Amount of Each Receipt this Period  
**1000.00**

**CONTRIBUTION**

**B.** Full Name (Last, First, Middle Initial)  
**SHAUN COLLARD**

Mailing Address **13887 VIA RANCHERO DR**

City **SARATOGA** State **CA** Zip Code **95070**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DAVITA** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 25 / 2006**

**Transaction ID: SA11A1.8236**

Amount of Each Receipt this Period  
**2000.00**

**CONTRIBUTION**

**C.** Full Name (Last, First, Middle Initial)  
**PATRICK M D'AGOSTINO**

Mailing Address **89 NORTH BROADWAY, APT. 212**

City **WHITE PLAINS** State **NY** Zip Code **10603**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DAVITA** Occupation **EXECUTIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 06 / 2006**

**Transaction ID: SA11A1.8219**

Amount of Each Receipt this Period  
**1000.00**

**CONTRIBUTION**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
J. NORMAN ESTES

Mailing Address 11142 TELMAR DR

City NORTHPORT State AL Zip Code 35475

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTHPORT HEALTH SVCS MIS-SOURI Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 21 / 2006

Transaction ID: SA11A1.8262

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
RICHARD FONTAINE

Mailing Address 155 WEBSTER

City PARK CITY State UT Zip Code 84060

FEC ID number of contributing federal political committee. **C**

Name of Employer DAVITA Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 25 / 2006

Transaction ID: SA11A1.8235

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH HENRICKS

Mailing Address 13013 BRIDGEVIEW CT

City MCCORDSVILLE State IN Zip Code 46055

FEC ID number of contributing federal political committee. **C**

Name of Employer CIC ENTERPRISES Occupation EXEC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 15 / 2006

Transaction ID: SA11A1.8253

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
C RAYMOND LARKIN, Jr.

Mailing Address 100 WARWICK CT

City ALAMO State CA Zip Code 94507

FEC ID number of contributing federal political committee. **C**

Name of Employer DAVITA Occupation BD OF DIRECTORS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2006

Transaction ID: SA11A1.8233

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
PETER LICARI

Mailing Address 780 LEWIS LANE

City AMBLER State PA Zip Code 19002

FEC ID number of contributing federal political committee. **C**

Name of Employer COMPLETE HEALTHCARE RESOURCES Occupation PRES/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 21 / 2006

Transaction ID: SA11A1.8255

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
BRUCE MEIER

Mailing Address 467 CENTRAL PARK WEST, #6G

City NEW YORK State NY Zip Code 10025

FEC ID number of contributing federal political committee. **C**

Name of Employer ON SITE PSYCHOLOGICAL Occupation PSYCHOLOGIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 15 / 2006

Transaction ID: SA11A1.8244

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
LAURA MILDENBERGER

Mailing Address 8800 GRIZZLY

City State Zip Code  
EVERGREEN CO 80439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAVITA VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 15 / 2006

Transaction ID: SA11A1.8231

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
NEW ROCHELLE ADMINISTRATORS

Mailing Address 44 SOUTH BROADWAY, #614

City State Zip Code  
WHITE PLAINS NY 10601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

Transaction ID: SA11A1.8299

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION-LLC

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
STEVEN J PRIEST

Mailing Address 1749 CHARITY DR

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAVITA TEAM MATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2006

Transaction ID: SA11A1.8229

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GEORGINA RANDOLPH

Mailing Address 2921 CURIE ST

City State Zip Code  
SAN DIEGO CA 92122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DAVITA GROUP VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2006

Transaction ID: SA11A1.8232

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
HARRIS SCHWARTZBERG

Mailing Address 44 SOUTH BROADWAY #614

City State Zip Code  
WHITE PLAINS NY 10601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NEW ROCHELLE ADMIN- LLC PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2006

Transaction ID: SA11A1.8301

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION-LLC

**C.** Full Name (Last, First, Middle Initial)  
THOMAS SCULLY

Mailing Address 1801 EDGEHILL

City State Zip Code  
ALEXANDRIA VA 22037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AMER. ASSOC. FOR HOME CARE EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

Transaction ID: SA11A1.8243

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 26	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**CONGRESSIONAL MAJORITY COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**KENT J THIRY**

Mailing Address **618 MOUNTAIN HOME RD**

City **WOODSIDE** State **CA** Zip Code **94062**

FEC ID number of contributing federal political committee. **C**

Name of Employer **avita** Occupation **CEO**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	0	6

**Transaction ID: SA11A1.8238**

Amount of Each Receipt this Period  

<b>5000.00</b>
----------------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>25500.00</b>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
ADVOCAT INC PAC

Mailing Address 1621 GALLERIA BLVD

City State Zip Code  
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C** C00421735

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2006

Transaction ID: SA11C.8264

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN PODIATRIC MEDICAL ASSOCIATION INC PODIATRY POLITICAL ACTION COMMITTEE

Mailing Address 9312 OLD GEORGETOWN ROAD

City State Zip Code  
BETHESDA MD 20814

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2006

Transaction ID: SA11C.8266

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 23220

City State Zip Code  
SAN DIEGO CA 92193

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2006

Transaction ID: SA11C.8249

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN SURGICAL HOSPITAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 23220

City State Zip Code  
SAN DIEGO CA 92193

FEC ID number of contributing federal political committee. **C** C00394163

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

Transaction ID: SA11C.8250

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COMMITTEE

Mailing Address ONE BUSCH PLACE 202-5

City State Zip Code  
ST. LOUIS MO 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 19 / 2006

Transaction ID: SA11C.8223

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
AXA EQUITABLE LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE (AXA EQUITABLE LIFE)

Mailing Address 1290 Avenue of the Americas  
4th Floor

City State Zip Code  
New York NY 10104

FEC ID number of contributing federal political committee. **C** C00161901

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2006

Transaction ID: SA11C.8228

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. BOND MARKET ASSOCIATION POLITICAL ACTION COMMITTEE, THE (BOND PAC)**

Mailing Address 1445 NEW YORK AVENUE NW 8TH FLOOR  
SUITE 800

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00158980

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

Transaction ID: SA11C.8303

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DIRECT SUPPLY INC PARTNERS PAC DSI PARTNERS PAC**

Mailing Address 6767 North Industrial Road

City State Zip Code  
Milwaukee WI 53223

FEC ID number of contributing federal political committee. **C** C00409516

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2006

Transaction ID: SA11C.8297

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)**

Mailing Address 942 S SHADY GROVE RD

City State Zip Code  
MEMPHIS TN 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2006

Transaction ID: SA11C.8304

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
GENERAL MOTORS CORPORATION POLITICAL ACTION COMMITTEE (GM PAC)

Mailing Address P.O. BOX 300

City State Zip Code  
DETROIT MI 48265-3000

FEC ID number of contributing federal political committee. **C** C00076810

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 6

**Transaction ID:** SA11C.8306

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
GENESIS HEALTH VENTURES INC POLITICAL ACTION COMMITTEE

Mailing Address 101 EAST STATE STREET

City State Zip Code  
KENNETT SQUARE PA 19348

FEC ID number of contributing federal political committee. **C** C00292094

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 6

**Transaction ID:** SA11C.8254

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
HCR MANOR CARE PAC

Mailing Address P.O. BOX 10086

City State Zip Code  
TOLEDO OH 43699

FEC ID number of contributing federal political committee. **C** C00260141

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 6

**Transaction ID:** SA11C.8268

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
HOGAN & HARTSON POLITICAL ACTION COMMITTEE

Mailing Address 555 13TH STREET  
WEST TOWER

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00261339

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

**Transaction ID:** SA11C.8252

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M Street NW Suite 540

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 15 / 2006

**Transaction ID:** SA11C.8251

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 720 EAST WISCONSIN AVENUE ROOM 647

City State Zip Code  
MILWAUKEE WI 53202

FEC ID number of contributing federal political committee. **C** C00197095

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2006

**Transaction ID:** SA11C.8269

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 17 / 26</span>
	(check only one)
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
PISTACHIO PAC

Mailing Address 512 C STREET

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00197715

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	0	6

**Transaction ID:** SA11C.8242

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
SOLAR ENERGY INDUSTRIES PAC

Mailing Address 805 15TH STREET, NW  
#510

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00421982

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	6

**Transaction ID:** SA11C.8245

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
SUN HEALTHCARE GROUP INC POLITICAL ACTION COMMITTEE/AKA SUN HEALTHCARE PAC

Mailing Address 101 Sun Avenue NE

City State Zip Code  
Albuquerque NM 87109

FEC ID number of contributing federal political committee. **C** C00398826

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	1	/	2	0	0	6

**Transaction ID:** SA11C.8257

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 26
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
UNITED HEALTH SERVICES PAC, INC.

Mailing Address 409 E DOYLE ST

City TOCCOA State GA Zip Code 30577

FEC ID number of contributing federal political committee. **C** C00400135

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 6

**Transaction ID:** SA11C.8260

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
WACHOVIA BANK N.A. NORTH CAROLINA EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 301 SOUTH TRYON ST  
T29, #NC0024

City CHARLOTTE State NC Zip Code 28288-0024

FEC ID number of contributing federal political committee. **C** C00282103

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

**Transaction ID:** SA11C.8227

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 0 6

**Transaction ID:** SA11C.8305

Amount of Each Receipt this Period  
3000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	53500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)

**A. ALL AMERICAN EXECUTIVE FINANCIAL SERVICES**

Mailing Address 7501 DOWNING AVE

City BAKERSFIELD State CA Zip Code 93308

Purpose of Disbursement  
FEC DATA MGMT

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8273

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

525.00

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address P. O. BOX 78110

City PHOENIX State AZ Zip Code 85062

Purpose of Disbursement  
TELEPHONE

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8282

Date of Disbursement

05 / 23 / 2006

Amount of Each Disbursement this Period

290.09

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address P. O. BOX 78110

City PHOENIX State AZ Zip Code 85062

Purpose of Disbursement  
TELEPHONE

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8286

Date of Disbursement

06 / 14 / 2006

Amount of Each Disbursement this Period

384.67

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1199.76

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BANK OF AMERICA</b>		<b>Transaction ID: SB21B.8283</b> Date of Disbursement
Mailing Address 5021 California Ave		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Bakersfield	State CA	Zip Code 93309
Purpose of Disbursement SEE TRANSACTION SPLIT	<input type="text" value="006"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) <b>B. PICTURE PERFECT</b>		<b>Transaction ID: SB21B.8283.0</b> Date of Disbursement
Mailing Address 15 HAMMOND #307		<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City IRVINE	State CA	Zip Code 92618
Purpose of Disbursement MAILING SERVICES	<input type="text" value="006"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		<b>Transaction ID: SB21B.8293</b> Date of Disbursement
Mailing Address 300 FIRST ST SE		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement CATERING	<input type="text" value="003"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>		<b>Transaction ID:</b> SB21B.8294 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 300 FIRST ST SE		Amount of Each Disbursement this Period 5042.32
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement CATERING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 003

Full Name (Last, First, Middle Initial) <b>B. FEDERAL EXPRESS</b>		<b>Transaction ID:</b> SB21B.8280 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 0 6
Mailing Address P. O. BOX 1140		Amount of Each Disbursement this Period 274.22
City MEMPHIS State TN Zip Code 38101	Purpose of Disbursement SHIPPING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. FEDERAL EXPRESS</b>		<b>Transaction ID:</b> SB21B.8288 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address P. O. BOX 1140		Amount of Each Disbursement this Period 66.23
City MEMPHIS State TN Zip Code 38101	Purpose of Disbursement SHIPPING Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5382.77
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. SBC/PACIFIC BELL</b>		<b>Transaction ID: SB21B.8276</b> Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address P. O. BOX 989029		Amount of Each Disbursement this Period 302.48
City WEST SACRAMENTO State CA Zip Code 95798	Purpose of Disbursement TELEPHONE Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US BANK</b>		<b>Transaction ID: SB21B.8289</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address P O BOX 790408		Amount of Each Disbursement this Period 3061.12
City ST LOUIS State MO Zip Code 63179	Purpose of Disbursement SEE TRANSACTION SPLIT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. US POSTMASTER</b>		<b>Transaction ID: SB21B.8289.0</b> Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address PEGASUS DR		Amount of Each Disbursement this Period 2731.20
City BAKERSFIELD State CA Zip Code 93301	Purpose of Disbursement POSTAGE Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3363.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 26

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. MULTIPATH COMMUNICATIONS</b>		<b>Transaction ID:</b> SB21B.8289.1 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 19925 STEVENS CREEK BLVD		Amount of Each Disbursement this Period 329.92
City CUPERTINO State CA Zip Code 95014	[MEMO ITEM]	
Purpose of Disbursement FAX SERVICES Candidate Name		003 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. US POSTMASTER</b>		<b>Transaction ID:</b> SB21B.8285 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address PEGASUS DR		Amount of Each Disbursement this Period 28.00
City BAKERSFIELD State CA Zip Code 93301	001 Category/Type	
Purpose of Disbursement PO BOX RENTAL FEE Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. VICTORY FUNDS INC</b>		<b>Transaction ID:</b> SB21B.8272 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 6041 TURTLE CREEK CT		Amount of Each Disbursement this Period 9400.00
City N. RICHLAND State TX Zip Code 76180	003 Category/Type	
Purpose of Disbursement FUNDRAISING SERVICES Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9428.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. VICTORY FUNDS INC</b>		<b>Transaction ID: SB21B.8278</b> Date of Disbursement
Mailing Address 6041 TURTLE CREEK CT		<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City N. RICHLAND	State TX	Zip Code 76180
Purpose of Disbursement SURVEYS	<input type="text" value="005"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="14500.00"/>

Full Name (Last, First, Middle Initial) <b>B. VICTORY FUNDS INC</b>		<b>Transaction ID: SB21B.8279</b> Date of Disbursement
Mailing Address 6041 TURTLE CREEK CT		<input type="text" value="05"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City N. RICHLAND	State TX	Zip Code 76180
Purpose of Disbursement FUNDRAISING SERVICES	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="7500.00"/>

Full Name (Last, First, Middle Initial) <b>C. VICTORY FUNDS INC</b>		<b>Transaction ID: SB21B.8284</b> Date of Disbursement
Mailing Address 6041 TURTLE CREEK CT		<input type="text" value="06"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City N. RICHLAND	State TX	Zip Code 76180
Purpose of Disbursement FUNDRAISING SERVICES	<input type="text" value="003"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="7500.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="29500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 26

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)

**A.** VICTORY FUNDS INC

Mailing Address 6041 TURTLE CREEK CT

City N. RICHLAND State TX Zip Code 76180

Purpose of Disbursement  
SURVEYS

Candidate Name

005  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.8287

Date of Disbursement

06 / 22 / 2006

Amount of Each Disbursement this Period

26170.45

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

26170.45

**TOTAL** This Period (last page this line number only) ..... ►

98906.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
CONGRESSIONAL MAJORITY COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. JEAN FULLER FOR ASSEMBLY**

Mailing Address P.O. BOX 12889

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8308

Date of Disbursement

05 / 16 / 2006

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)  
**B. US DEPT OF TREASURY**

Mailing Address 1500 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20220

Purpose of Disbursement  
LIFECARE HOLDINS DISGORGEMT

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.8310

Date of Disbursement

04 / 19 / 2006

Amount of Each Disbursement this Period

7000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7100.00

**TOTAL** This Period (last page this line number only) .....

7100.00